Using "*Emergency Checklist for Nursing Homes, Assisted Living Facilities & Group Homes"* in Rural Oregon

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Community preparedness is the ability of communities to prepare for, withstand, and recover from public health incidents. That's a lofty goal, and one to which all of us in public health emergency preparedness aspire.

But how do we get there? And how do we know when we've arrived?

It is an arduous process that requires looking at communities from every possible angle. Communities are made up of schools and businesses; ethnic and religious groups; young and old; rich and poor; healthy and infirm; and on and on. It can boggle the mind just thinking about how many groups make up a community. How does a health department identify and prioritize a community's potential hazards and vulnerabilities?

One way governments prioritize is by taking care of the most vulnerable populations first.

When Neil Jensen, Public Health Emergency Preparedness Coordinator for Lincoln County, Oregon, thought about who was most vulnerable in his community, his thoughts turned toward the elderly and disabled.

"People living in group homes and assisted living facilities are among the most vulnerable populations in any community," Jensen suggested.

With the help of Jamila Freightman, an AmeriCorps VISTA volunteer, Jensen plans to determine emergency preparedness preparations for every group home and assisted living facility in Lincoln County. To standardize the evaluation, Jensen and Freightman are using the *Emergency Checklist for Nursing Homes, Assisted Living Facilities & Group Homes* created by the Montgomery County, Maryland, Advanced Practice Center. www.montgomerycountymd.gov/apc. By using the APC-created tool, "I feel more valid," Jensen said. "To be able to repeat the same set of questions exactly is always good."

"Our thinking was to establish a baseline to indicate where facilities that serve vulnerable populations are in terms of emergency planning," he said. "We did that through the use of this tool."

Together, Jensen and Freightman plan to visit every facility in the rural county of 55,000 residents whose population jumps to 150,000 on summer weekends. "We are hoping the tool will help point out deficiencies (in their planning efforts),"

Jensen said. “Our goal is to go back to these groups we interview in one to two years and use the assessment again to see how the facility is progressing.”

With questions like: “*How many staff would be on hand during an emergency?”* the tool gives a snapshot of preparedness planning at facilities at any given time. It also helps emergency planners understand just how vulnerable the clients are at a given facility. “In rehab facilities, clients may be higher functioning. But in nursing homes, clients in wheelchairs are at higher risk. It is knowing where the higher risk population is exactly that will help us in a disaster,” said Jensen.

Freightman has begun a project that will continue after her year of service ends. She is plotting each facility on a GIS mapping system and plans to share this information with other county partners. “We want to identify and separate out the subsets of the *most* vulnerable,” she said. “This will enable us to more effectively deploy resources during an emergency.”

The pair was able to customize the checklist to meet their needs. They added questions about how many residents and employees there are in each location as well as the population served. “Adding these questions helps us with other kinds of preparedness, like vaccine planning,” Jensen said, “not just emergency preparedness.”

“We plan to broaden our scope to populations that we don’t regularly see, like substance abuse facilities,” Jensen added, noting that this tool could be used to assess all facilities with vulnerable populations. In fact, Freightman has tweaked the tool for use with childcare facilities, pinpointing some preparedness planning gaps in these centers. Seeing these gaps led to discussions about a tabletop exercise which will focus on a communicable disease outbreak.

Perhaps the biggest benefit of using the checklist was the opportunity to have face time with the facility staff, according to Freightman. “It’s great for people to know that public health is here and available,” she said. “The tool helped us with communication and outreach and helped create a relationship and sense of community.” This relationship allows the facilities to understand how to connect to public health and participate in preparedness efforts—one of the functions required under Public Health Emergency Preparedness (PHEP) Capability 1.

“Planning is complicated. Having tools available to help local health departments is invaluable,” Jensen said. “This easy-to-use tool helped us to better understand preparedness efforts in our community.”